eFiling Supplemental Confidential Case Filing Information Sheet Domestic Relations Cases

Required at Case Initiation

INSTRUCTIONS:

✓ Complete this form at the time of filing to provide the Employer and Children information as an attachment during the eFiling process.

NOTE: The full Social Security Number (SSN) is required pursuant to Section 509.520 RSMo if the party is a

Filing Date: County/City of St. Louis: Style of Case: (i.e. Petitioner v. Respondent) Case Type Code: _____ Case Type Description: _____ **Employer Information** Petitioner/Plaintiff Employer Name: Employer Address: City: _____ State: ____ Zip: ____ Contact Telephone Number: ____ Respondent/Defendant Employer Name: Employer Address: State: _____ Zip: _____ Contact Telephone Number: ____ The following information regarding children is required. Complete this section for any child subject to the action of this case. *MACSS - Missouri Automated Child Support System Children: SSN: _____ DOB: _____ Name: Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____ SSN: _____ DOB: Name: Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____ SSN: _____ DOB: _____ Name: Optional: MACSS Member Number (to be completed by the court): Gender: ☐ Male ☐ Female Name: _____ SSN: _____ DOB: _____ Gender: Male Female Optional: MACSS Member Number (to be completed by the court): Name: SSN: _____ DOB: ____ Gender: Male Female Optional: MACSS Member Number (to be completed by the court): Name: ______ DOB: _____ Gender: Male Female Optional: MACSS Member Number (to be completed by the court): Check if more than six children and attach additional sheet Submitted by: Bar ID (required if attorney): Address: _____ State: _____ Zip: _____ City: _____ Email Address: *IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.*